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ABSTRACT

The purpose of this study was to examine the Wechsler Intelligence Scale for Children-Revised (WISC-R) profiles of two treatment populations and present a theoretical rationale for using adventure therapy. Data for the first group were obtained from the psychological testing records of 150 randomly selected inpatients (81 males, 69 females) treated on a 20-bed adolescent unit of a private psychiatric hospital during a 3-year period. Data from the second group were obtained from 47 participants (36 males, 9 females) in an adventure-based residential treatment facility. The ages of both groups ranged from 12 to 17 years. The results with WISC-R subscales indicate that both groups of adolescents demonstrated relative strengths in verbal concept formation and information processing. Relative weaknesses for both groups included their learning ability and knowledge related to academic scholarship and their ability to provide answers to given social situations. The data suggests that both groups of adolescents were poorly equipped to deal with verbally-mediated attempts to develop insights, to self-reflect or to consider the perspective of others. This study suggests that traditional insight-oriented intervention strategies are perhaps "going against the grain" of the adolescent's intellectual structure and may lead to increased feelings of frustration, inferiority, and disappointment for both therapist and adolescent. The data from this study support using an experientially-based therapy approach such as adventure therapy, as a primary therapeutic treatment for adolescents similar to those in this study. (LP)

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A Psychological Rationale for Adventure Therapy with Hospitalized Adolescents

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Abstract: Inpatient and residential therapeutic programs for adolescents are often fairly generic in format relying heavily on traditional, insight-oriented approaches to treatment without regard to how the intellectual functioning of the adolescent might impact upon therapeutic effectiveness. This study examined the WISC-R profiles of two treatment populations and presented a theoretical rationale for using adventure based treatment based upon the participants performance on verbal and performance subscales. It is hoped that the article might be used to help justify the implementation of adventure therapy in psychiatric treatment facilities and lead to further research to test the proposed hypotheses.

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Introduction

Therapeutic programs for adolescents are often fairly generic in format and treatment offerings, designed to address a range of issues common to this stage of development such as family conflict, substance abuse, communication skills, and sexuality. Test profiles associated with intellectual deficits of delinquency (Graff & Hubble, 1981), conduct disorder (Hogan & Quay, 1984; Paget, 1982), and other types of emotional and behavioral problems (Dean, 1977) have been identified with adolescent populations. Two findings appear consistent when troubled youth are evaluated using standardized intellectual tests: (a) Full Scale IQ scores are below the average for their age groups by approximately 8 to 12 points (Hirschi & Hindlang, 1977; Culberton, Feral, & Gabby, 1989) and (b) Verbal IQ scores and other measures of linguistic facility are significantly lower than Performance IQ scores measuring perceptual and psychomotor skills (Kaufman, 1976; Walsh & Beyer, 1986).

Little attention, however, has been given to how intellectual deficiencies might mediate therapeutic interventions for such adolescents. In the present study we have attempted to identify an intellectual profile of variously diagnosed adolescents treated in two different settings: (a) a general psychiatric unit and (b) a residential substance abuse treatment facility. The profile will be used to make inferences about how best to intervene psychotherapeutically with these adolescents.

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The data for the first group were obtained from the psychological testing records of 150 randomly selected inpatients (81 males, 69 females) treated on a 20-bed adolescent unit of a private psychiatric hospital during a three year period. The hospital was located in a smaller metropolitan area (population approximately 286,000) serving surrounding rural counties. The average length of stay was 38 days. Data from the second group were obtained from 47 participants (36 males, 9 females) in an adventure-based residential treatment facility for substance abusing adjudicated adolescents over a one year period. The facility was located in a smaller community (population approximately 12,000) serving state youth development institutions.

Chronological ages of both groups range from 12 to 17 years, with a mean of 14.7 years for the first group and a mean of 15.7 years for the second. Racial membership for the first group was 81% white and 19% black while the second group was 38% white and 62% black. Diagnoses for the first group included mood disorders, disruptive behavior disorders, anxiety disorders, eating disorders, psychotic disorders, substance abuse, and significant personality and adjustment disorders while the second group was primarily substance abuse, oppositional, and conduct disorders.

Procedure

Subjects were assessed by certified psychometrists, with the Wechsler Intelligence Scales for Children-Revised (WISC-R) administered as part of a comprehensive interdisciplinary evaluation. Scores from all subtests regularly administered were included in the analyses. Results from Mazes, an optional subtest, were omitted because it was administered only occasionally.

Results and Discussion

From the subscale data for each group presented in Tables 1 and 2, WISC-R subscales indicate that both groups of adolescents demonstrated relative strengths in verbal concept formation and information processing (i.e., in the subtest Picture Arrangement they can apply newly learned skills to new situations). Relative weaknesses for both groups included their learning ability and knowledge related to academic scholarship and their ability to provide specific answers to given social situations (from the subtests Information and Vocabulary).

Globally the data suggested both groups of adolescents were poorly equipped to deal with verbally-mediated attempts to develop insight, to self-reflect or consider the perspective of others, or to report such experiences if they occurred. Traditional insight oriented intervention strategies are perhaps "going against the grain" of the adolescent's intellectual structure and will likely lead to increased feelings of frustration, inferiority, and disappointment in the process of therapy for both therapist and adolescent.

Table 1

Verbal Subtest Scores Compared To Verbal Mean

SUBTEST	Inpatients M (SD)	Delinquents M (SD)
Information	7.7 (2.7)	7.4 (2.3)
Similarities	9.2 (2.8)	9.2 (3.2)
Arithmetic	8.9 (2.5)	9.1 (2.6)
Vocabulary	8.1 (2.3)	7.38 (2.4)
Comprehension	8.1 (2.7)	7.9 (2.9)
Digit Span	8.9 (2.9)	9.2 (2.5)

The current data would theoretically support using an experientially-based therapy approach such as adventure therapy, as opposed to the traditional, verbally mediated insight therapy, as a primary therapeutic modality for the treatment of adolescents similar to those in this study. It is hypothesized that experiential approaches would be more effective with adolescents similar to those identified in this study since the adolescents in this study demonstrated an ability to apply newly learned skills to new situations. Adventure therapy currently being utilized as an adjunct to traditional therapeutic modalities (group and family therapy), provides concrete experiences where clients can *act* in ways that have direct consequences. In the discussions which follow the action (e.g., the adventure activity), clients similar to those in this study are more likely to be able to apply skills they learned in the activity to new situations as opposed to learning form insights gleaned in a traditional individual, group, or family format that is "mostly talk with little action."

It is hoped that adventure-based therapist might use such data to help theoretically justify implementing this type of treatment in an inpatient or residential facility. Psychologists and psychiatrists who understand the implications of this data base and serve in administrative capacities might help to further the use of adventure therapy by helping programs become implemented in places where short term, high impact treatments are needed.

Table 2

Performance Subtest Scores

SUBTEST	Inpatients M (SD)	Delinquents M (SD)
Picture Completion	9.8 (2.7)	9.6 (2.7)
Picture Arrangement	10.1 (2.8)	9.2 (2.6)
Block Design	9.5 (2.9)	9.7 (2.6)
Object Assembly	9.8 (3.0)	10.1 (3.1)
Coding	9.7 (2.9)	9.5 (3.1)

From the hypotheses raised in this study, future research should explore the ability of randomly assigned participants similar to our sample who are involved in inpatient or residential treatment to preform better in an adventure-based, experiential therapy program when compared with participants in a traditionally-based, insight oriented approach to treatment.

References

Culberton, F., Feral, C., & Gabby, S. (1989). Pattern analysis of Wechsler Intelligence Scale for Children-Revised profiles of delinquent boys. Journal of Clinical Psychology, 45, 651-660.

Dean, R. (1977). Patterns of emotional disturbance on the WISC-R. Journal of Clinical Psychology, 33, 486-490.

Graff, M., & Hubble, L. (1981). Recategorized WISC-R scores of juvenile delinquents. Learning Disabilities, 14, 515-516.

Hirschi, T., & Hindlang, M. (1977). Intelligence and delinquency: A revisionist review. American Sociological Review, 42, 571-587.

Hogan, A., & Quay, H. (1984). Cognition in child and adolescent behavior disorders. Advances in Clinical Child Psychology, 7, 1-349.

Kaufman, A. (1976). Verbal-performance discrepancies on the WISC-R. Journal of Consulting and Clinical Psychology, 44, 739-744.

Paget, K. (1982). Intellectual patterns of conduct problem children on the WISC-R. Psychology in the Schools, 19, 439-445.

Walsh, A., & Beyer, J. (1986). Wechsler performance-verbal discrepancy and antisocial behavior. Journal of Social Psychology, 126, 419-420.